

08/20/01 1130 U.S. PTO

08/21/01

A

UTILITY
PATENT APPLICATION
TRANSMITTAL

PTO/SB/05 (03-01)

08/20/01

Attorney Docket No.:	CS11343	Total Pages:	2
First-Named Inventor or Application Identifier	Vikram Kapoor		
Title:	CELLULAR TELEPHONE AND MULTIMEDIA ACCESSORY AUDIO SYSTEM ADAPTOR AND METHODS THEREFOR		
Express Mail Label No.:	EL759668479		

(Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS (see MPEP chapter 600 concerning utility patent application contents)	ADDRESS TO:	Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231
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1. ☒ Fee Transmittal Form *in duplicate*
2. ☒ Specification | Total Pages:
3. ☒ Drawings | Total Sheets:
4. ☒ Oath or Declaration with Power of Attorney | Total Pages:
 - a. ☒ Newly Executed (original or copy)
 - b. ☐ Copy from prior application (37 CFR §1.63(d))
(for continuation/divisional with Box 17 completed)
 - i. ☐ Deletion of Inventor(s):
Signed statement attached deleting inventor(s) named in the prior application
(see 37 CFR §1.63(d)(2) and 1.33(b))
5. ☐ Incorporation by Reference (*useable if Box 4b is checked*)
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
6. ☐ Application Data sheet. See 37 CFR 1.76
7. ☐ Nucleotide and/or Amino Acid Sequence Submission

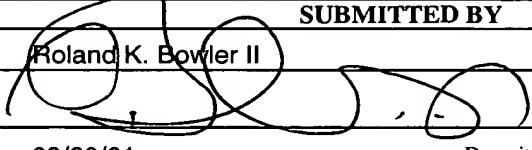
ACCOMPANYING APPLICATION PARTS

8. ☒ Assignment Papers (*cover sheet and document(s)*)
9. ☐ 37 CFR §3.73(b) Statement (when there is an assignee) ☐ Power of Attorney
10. ☐ English Translation Document (*if applicable*)
11. ☒ Information Disclosure Statement (IDS) Form PTO/SB/08 ☒ Copies of IDS Citations
12. ☐ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503) (*should be specially itemized*)
14. ☐ Certified Copy of Priority Document(s)

11017 U.S. PTO
09/933321
08/20/01

15.	<input type="checkbox"/>	Nonpublication Request Under 35USC 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent
16.	<input type="checkbox"/>	Other:
17.	IF A CONTINUING APPLICATION <i>check appropriate box and supply the requisite information below and, if applicable, in a preliminary amendment:</i>	
	<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional
	<input type="checkbox"/> Continuation-in-Part (CIP)	Prior Appl. No. _____
Prior Appl. information: Examiner: Group/Art Unit:		

CORRESPONDENCE ADDRESS					
<input checked="" type="checkbox"/>	Customer Number or Bar Code Label	20280	or	<input type="checkbox"/>	Correspondence address below
NAME		Roland K. Bowler II			
		Attorney for Applicant(s)			
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CITY		Libertyville	STATE	IL	ZIP CODE 60048
COUNTRY		U.S.A.	TELEPHONE	523-3978	FAX 847-523-2350

SUBMITTED BY			
NAME	Roland K. Bowler II	Reg. No.	33,477
SIGNATURE			
DATE	08/20/01	Deposit Account User ID	13-4768

PTO/SB/17 (11-00) <div style="text-align: center;">FEE TRANSMITTAL</div> Patent fees are subject to annual revision		<div style="text-align: right;"><i>Complete if Known</i></div> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%;">Application Number</td><td style="width:50%;"></td></tr> <tr><td>Filing Date</td><td></td></tr> <tr><td>First Named Inventor</td><td>Vikram Kapoor</td></tr> <tr><td>Examiner Name</td><td></td></tr> <tr><td>Group Art Unit</td><td></td></tr> <tr><td>Attorney Docket No.</td><td>CS11343</td></tr> </table>		Application Number		Filing Date		First Named Inventor	Vikram Kapoor	Examiner Name		Group Art Unit		Attorney Docket No.	CS11343
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TOTAL AMOUNT OF PAYMENT (\$) 750.00															

METHOD OF PAYMENT 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to: Deposit Account Number 13-4768 Deposit Account Name Motorola, Inc. <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other	FEE CALCULATION 1. BASIC FILING FEE <table style="width:100%;"> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> <tr><td>101</td><td>710</td><td>201</td><td>365</td><td>Utility filing fee</td><td>710.00</td></tr> <tr><td>106</td><td>320</td><td>206</td><td>160</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>490</td><td>207</td><td>245</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>710</td><td>208</td><td>355</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>150</td><td>214</td><td>75</td><td>Provisional filing fee</td><td></td></tr> <tr><td colspan="5">SUBTOTAL (1)</td><td>(\$) 710.00</td></tr> </table> 2. EXTRA CLAIM FEES <table style="width:100%;"> <tr> <th>Total Claims</th> <th>Independent Claims</th> <th>Multiple Dependent</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> <tr> <td>20</td> <td>3</td> <td></td> <td>0</td> <td>18</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>0</td> <td>80</td> <td></td> </tr> <tr> <td colspan="5">Multiple Dependent</td> <td>270 =</td> </tr> </table> <table style="width:100%;"> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> </tr> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td></tr> <tr><td>102</td><td>80</td><td>202</td><td>40</td><td>Independent claims in excess of 3</td></tr> <tr><td>104</td><td>270</td><td>204</td><td>135</td><td>Multiple dependent claim, if not paid</td></tr> <tr><td>109</td><td>80</td><td>209</td><td>40</td><td>** Reissue independent claims Over original patent</td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td></tr> <tr><td colspan="5">SUBTOTAL (2)</td></tr> </table> <div style="text-align: right;">(\$) 0</div>	Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid	101	710	201	365	Utility filing fee	710.00	106	320	206	160	Design filing fee		107	490	207	245	Plant filing fee		108	710	208	355	Reissue filing fee		114	150	214	75	Provisional filing fee		SUBTOTAL (1)					(\$) 710.00	Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid	20	3		0	18					0	80		Multiple Dependent					270 =	Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	103	18	203	9	Claims in excess of 20	102	80	202	40	Independent claims in excess of 3	104	270	204	135	Multiple dependent claim, if not paid	109	80	209	40	** Reissue independent claims Over original patent	110	18	210	9	** Reissue claims in excess of 20 and over original patent	SUBTOTAL (2)				
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